

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S71688**

1. Corporation Name

**BLUE EAGLE ENTERPRISES INC.**

Principal Place of Business

245 S.E. 1 STREET  
401  
MIAMI FL 33131  
US

Mailing Address

245 SE FIRST STREET  
SUITE 401  
MIAMI FL 33121  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/05/1991

5. FEI Number

65-0280155

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	CAMPOS, SYLVIO R	1315 DAYTONIA RD. 1288 101 Street Bay Harbor, FL 33154	MIAMI BEACH FL

000002498610-9  
-04/16/98--01054--013  
\*\*\*\$300.00 \*\*\*\$300.00

**REINSTATEMENT** 47-98

SL 4-15-98

8. Name and Address of Current Registered Agent

CAMPOS, SYLVIO P.  
1315 DAYTONIA RD.  
MIAMI BEACH FL 33141

9. Name and Address of New Registered Agent

Name

Campos, Sylvio P.

Street Address (P.O. Box Number is Not Acceptable)

1288 101 Street

Suite, Apt. #, Etc.

City

Bay Harbor

State

Zip Code

FL

33154

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Sylvio Campos*

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Sylvio Campos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/98

Date

Daytime Phone #

CR2040 (8/97)